

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	X 4		2-21-01

INDEX OF CLAIMS

✓ Rejected	N Non-elected
✓ Allowed	I Interference
✓	(Through numeral)... Canceled	A Appeal
✓ Restricted	O Objected

Claim	Final	Original
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13	✓	✓
14	✓	✓
15	✓	✓
16	✓	✓
17	✓	✓
18	✓	✓
19	✓	✓
20	✓	✓
21	✓	✓
22	✓	✓
23	✓	✓
24	✓	✓
25	✓	✓
26	✓	✓
27	✓	✓
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Claim		Date					
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Claim		Date					
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BEST AVAILABLE COPY

**If more than 150 claims or 10 actions
staple additional sheet here**

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